



August 30, 2005

JPW
ICEMILLER
LEGAL & BUSINESS ADVISORS

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this paper or fee is being deposited with the United States Postal Service as First Class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

August 30, 2005
Date of Deposit

M. Kim Richardson
Printed or Typed Name of the Person Signing the Certificate
M. Kim Richardson
Signature
August 30 2005
Date of Signature

Re: First Named Inventor: BORGENS, Richard B.
Invention: METHOD OF TREATMENT FOR CENTRAL
NERVOUS SYSTEM INJURY
Serial No.: 10/748,572
Filed: December 30, 2003
Our File No.: P01254-US-01 (19232.0011)

REQUEST FOR CORRECTION OF INVENTORSHIP

Dear Sir/Madam:

Applicants request correction of inventorship to add Scott A. Shapiro as an inventor. The correct inventorship should be Richard B. Borgens and Scott A. Shapiro. Pursuant to 37 C.F.R. § 1.48 (1), this request is accompanied by:

- (a) A statement from Scott A. Shapiro indicating that the error in inventorship occurred without deceptive intent on his part,
- (b) A declaration signed by Richard B. Borgens and Scott A. Shapiro (in two parts),

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Commissioner for Patents

August 30, 2005

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- (c) A check in the amount of \$130,
- (d) Written consent of the assignee, Purdue Research Foundation, and
- (e) Return postcard.

In the event Applicants have inadvertently overlooked the need for payment of any additional fees, Applicants conditionally petition therefor, and authorize any deficiency to be charged to deposit account 09-0007. In the event the deposit account needs to be charged, it is requested that the number P01254-US-01 (19232.0011) be referenced.

If you have any questions regarding this correspondence, please feel free to contact the undersigned.

Respectfully submitted,

ICE MILLER



Thomas A. Walsh, Reg. No. 45,196

ICE MILLER

One American Square, Box 82001

Indianapolis, Indiana 46282-0200

(317) 236-2100 – Telephone

(317) 236-2219 – Facsimile

TAW:mk
Enclosures



PTO/SB/01 (03-01)(Amended by Customer pursuant to MPEP § 601.02)
Non-Amended Version Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	P001254-US-01
		First Named Inventor	Borgens
<input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		COMPLETE IF KNOWN	
		Application Number	10/748,572
		Filing Date	December 30, 2003
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method of Treatment for Central Nervous System Injury

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☒ was filed on (12/30/2003)

as United States Application Number or PCT International

Application Number

10/748,572

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby appoint the practitioners at Customer Number 22446, who are the attorney(s) or agent(s) of the assignee of my invention to prosecute the above-identified application, and to transact all business in the United States Patent and Trademark Office connected therewith.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



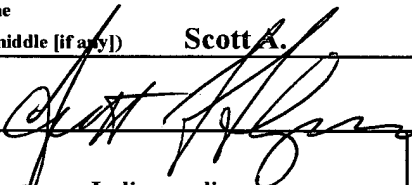
PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION AND POWER OF ATTORNEY Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label	22446	OR <input checked="" type="checkbox"/> Correspondence address below	
Name Jill T. Powlick					
Address ICE MILLER, One American Square, Box 82001					
City Indianapolis		State IN		ZIP 46282-0200	
Country USA		Telephone (317) 236-5972		Fax (317) 236-2219	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Richard B.		Borgens			
Inventor's Signature				Date	
Residence: City Delphi		State IN		Country US Citizenship US	
Mailing Address 1953 S. 900 W.					
City Delphi		State IN		ZIP 46923 Country US	
NAME OF SECOND INVENTOR:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Scott A.		Shapiro			
Inventor's Signature 				Date 6/28/05	
Residence: City Indianapolis		State IN		Country US Citizenship US	
Mailing Address 8826 Kirkham Road					
City Indianapolis		State IN		ZIP 46260 Country US	
<input checked="" type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

[Page 2 of 2]


PTO/SB/01 (03-01)

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City Indianapolis				State IN		ZIP 46282-0200	
Country USA				Telephone (317) 236-5972		Fax (317) 236-2219	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Richard B.				Family Name or Surname Borgens			
Inventor's Signature 						Date 6/29/05	
Residence: City Delphi				State IN		Country US	
Citizenship US							
Mailing Address 1953 S. 900 W.							
City Delphi				State IN		ZIP 46923	
Country US							
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Scott A.				Family Name or Surname Shapiro			
Inventor's Signature						Date	
Residence: City Indianapolis				State IN		Country US	
Citizenship US							
Mailing Address 8826 Kirkham Road							
City Indianapolis				State IN		ZIP 46260	
Country US							
<input type="checkbox"/> Additional inventors are being named on the ___ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

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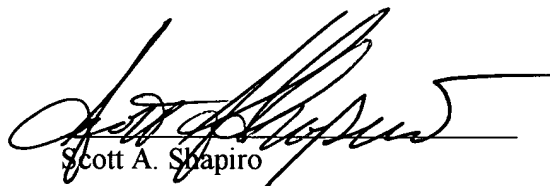


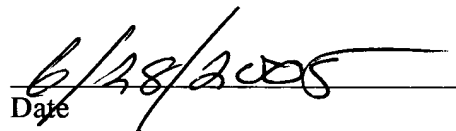
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re: Invention: METHOD OF TREATMENT FOR CENTRAL NERVOUS
 SYSTEM INJURY
 Inventors: BORGENS, Richard B. and SHAPIRO, Scott A.
 Filed: December 30, 2003
 Serial No.: 10/748,752
 Our File No.: P01254-US-1

STATEMENT UNDER 37 C.F.R. § 1.48(a)(2)

I, the undersigned, hereby declare that the omission of my name as an inventor on the above-referenced patent application as originally filed occurred without deceptive intent on my part. I am signing, along with this document, a declaration for the above-referenced patent application. It is my understanding that each of the inventors listed above are the correct inventors for the above-referenced patent application.


Scott A. Shapiro


Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re: Application of: BORGENS, Richard B., et al.
Serial No.: 10/748,572
Filed: December 30, 2003
For: METHOD OF TREATMENT FOR CENTRAL
NERVOUS SYSTEM INJURY
Our File No.: P01254-US-01 (19232.0011)

**ASSENT OF ASSIGNEE TO CORRECTION
AND/OR ADDITION TO ORIGINALLY NAMED INVENTORS**

1. An Assignment of Invention for the above-referenced patent application for Richard B. Borgens, the named inventor, was recorded on June 21, 2004, Reel 014758, Frame 0770.
2. The Assignee, Purdue Research Foundation (an Indiana corporation), 3000 Kent Avenue, West Lafayette, Indiana 47906, assents to the correction of inventorship filed herewith.
3. Assignee Certification

In accordance with 37 C.F.R. § 3.73, the Assignee hereby certifies that the evidentiary documents with respect to its ownership have been reviewed and that, to the best of Assignee's knowledge and belief, title is in the Assignee seeking to take this action.

As a person signing below, I hereby declare that I am authorized to sign on behalf of the Assignee; that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Purdue Research Foundation

By: 

Date: August 24, 2005

Name: Bruce L. Pershing

Title: Investment Officer and Corporate Secretary